								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2003									10/72396/					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			16					RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FE	€ 385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			// minus 20=		*			X\$ 9=		OR	X\$18=			
INC	DEPENDENT C	カ minus 3 =		*		H	X43=		1	X86=				
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					.445		OR				
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+145=	 	OR	+290=	97m d		
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL	11/1		
4	-19-05 (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA	ı	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Š	Total	. 17	Minus	" 21	\mathcal{I}	-	,	X\$ 9=		OR	X\$18=			
4ME	Independent	· Q	Minus	A 2)		- -	X43=		ÓВ	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F	145=		OR	+290=			
								TOTAL		OB	TOTAL			
(Column 1) (Column 2) (Column 3)											ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL -FEE		RATE	ADDI- TIONAL FEE		
WQN	Total	*	Minus	tá .		=		(\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***		=		K43=		OR	X86=	<u> </u>		
4	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·						
								145=		QR	+290=			
								DIT. FEE		OR ,	TOTAL ADDIT. FEE			
	`	(Column 3)						·						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY :	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Ž Ž	Total	· *	Minus	**		=	\[\x	\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	anta .		=	T _x	(43=			X86=			
	FIRST PRESE	NTATION OF MU				OR								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT. FEE			
		ber Previously Paid					found i	n the ap	propriate bo	in colu	ມກາກ 1.			